## UNITED STATES PATENT & TRADEMARK OFFICE Wington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 2 Serial/Patent # 15275			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$200
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT S		
	8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #		
Duplicate Payment	1/ ()     394		
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: DIONNE GVS TITLE: Lead IC			
SIGNATURE: PHONE: 808 948/			
OFFICE:  ***********************************			
APPROVED:	DATE: _		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B